

COUNTY OF _____

SMALL ESTATE AFFIDAVIT

[to be used only when decedent died on or after July 2, 2010]

I, _____, on oath state:
(Name of Affiant)

1. (a) My post office address is _____
- (b) My residence address is _____; AND
- (c) I understand that, if I am an out-of-state resident, I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service process in Illinois is:

Name _____ City _____

Address _____ Telephone (if any) _____

I understand that if no person is named above as my agent for service or, if for any reason, service on the named person cannot be effectuated, the Clerk of the Circuit Court of _____ (county)/(Judicial Circuit) Illinois, is recognized by Illinois law as my agent for service of process.

2. The decedent's name is _____
3. The date of the decedent's death was _____, and I have attached a copy of the death certificate hereto if not already submitted.
4. The decedent's place of residence immediately before his/her death was _____

5. No Letters of Office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000.00 and consists of the following: *(Here, list each asset, e.g., cash, stock, and its fair market value).*

Unclaimed Property

7. Please mark (X) the correct box.

(a) ☐ All of the decedent's funeral expenses have been paid; OR

(b) ☐ The amount of the decedent's unpaid funeral expenses and the names and post office address of each person entitled hereto are as follows:

| <u>Name</u> | <u>Post Office Address</u> | <u>Amount</u> |
|-------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. There is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7.
9. (a) The names and places of residence of any surviving spouse, minor children and adult dependent* children of the decedent are as follows:

| <u>Name and Relationship</u> | <u>Place of Residence</u> | <u>Age of Minor Child</u> |
|------------------------------|---------------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

* Note: An adult dependent child is one who is unable to maintain himself and is likely to become a public charge.

- (b) The award allowable to the surviving spouse of a decedent who was an Illinois resident is \$_____ (\$20,000, plus \$10,000 multiplied by the number of minor children and adult dependent children who resided with the surviving spouse at the time of the decedent's death. If any such child did not reside with the surviving spouse at the time of the decedent's death, so indicate in 9a).
- (c) If there is no surviving spouse, the award allowable to the minor children and adult dependent children of a decedent who was an Illinois resident is \$_____ (\$20,000, plus \$10,000 multiplied by the number of minor children and adult dependent children), to be divided among them in equal shares.

10. Indicate either 10a or 10b by marking (X) the correct box.

- (a) ☐ The Decedent left no will. The names, places of residence and relationships of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where decedent died intestate are as follows:

| <u>Name, Relationship and Place of Residence</u> | <u>Age of Minor</u> | <u>Portion of Estate</u> |
|--|---------------------|--------------------------|
| | | |
| | | |
| | | |

- (b) ☐ The decedent left a will, which has been filed with the clerk of an appropriate court. A certified copy of the will on file is attached. To the best of my knowledge and belief the will on file is the decedent's last will and was signed by the decedent and the attesting witnesses as required by law and would be admissible to probate. The names and places of residence of the legatees and the portion of the estate, if any, to which each legatee is entitled are as follows:

| <u>Name, Relationship and Place of Residence</u> | <u>Age of Minor</u> | <u>Portion of Estate</u> |
|--|---------------------|--------------------------|
| | | |
| | | |
| | | |

- (c) ☐ Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

11. The property described in paragraph 6 of this affidavit should be distributed as follows:

| <u>Name</u> | <u>Specific Sum or Property to be Distributed</u> |
|-------------|---|
| | |
| | |

By signing this sworn affidavit, Affiant acknowledges that upon payment, delivery, transfer, access or issuance pursuant to a properly executed affidavit, the Illinois State Treasurer's Division of Unclaimed Property is released to the same extent as if the payment, delivery, transfer, access or issuance had been made or granted to the representative of the estate. Affiant further acknowledges that that he/she is answerable to any person having a prior right and is accountable to any representative of the estate. The Affiant signing this small estate affidavit shall indemnify and hold harmless all creditors and heirs of the decedent and other persons relying upon the affidavit who incur loss because of such reliance. That indemnification shall only be up to the amount lost because of the act or omission of the Affiant.

The foregoing statement is made under the penalties of perjury. (Note: A fraudulent statement made under the penalties of perjury is perjury, as defined in Section 32.2 of the Criminal Code of 2012.)

| | | |
|-------------------------------|---------------|-----------------------------------|
| _____ Signature of Affiant | _____ Date | _____ Daytime Telephone Number |
|-------------------------------|---------------|-----------------------------------|

Signed and sworn to by _____ before me this _____ day of _____, _____

Notary Public

My Commission expires _____